PRC Eligibility Assessment Tool

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| Applicant/Organization: Funding Request: $ | | | |
| Criteria | Rating System  0=*criterion not met;* 1=*partially met criterion;* 2=*criterion met* | | Please provide an example. |
| 1. The organization’s service or program identifies minimum one area of the following: parks and recreation, arts, culture and heritage, or social wellness. | 0 1 2 | |  |
| 1. The organization’s program enhances the well-being of Leduc residents. | 0 1 2 | |  |
| 1. The organization helps promote the development of accessible services and activities to Leduc residents. | 0 1 2 | |  |
| 1. The organization helps enhance the quality of community life for residents of Leduc. | 0 1 2 | |  |
| 1. The organization generates economic benefits for the City of Leduc. | 0 1 2 | |  |
| 1. Organization has programs/initiatives that help create opportunities for community engagement. | 0 1 2 | |  |
| 1. The organization includes examples of partnership with local, regional or provincial stakeholders. | 0 1 2 | |  |
| 1. Has the organization actively looked for additional funding sources? | 0 1 2 | |  |
| 1. The amount requested is *less than 25%* of operating expenditures. | 0 1 2 | |  |
| 1. The mandate of the organization is in line with   the City of Leduc’s Community Wellness goal.  *We support a safe, healthy, active and caring community. We support initiatives that contribute to a health and sustainable environment. We ensure quality opportunities to participate in all aspects of our community and foster a sense of belonging.* | 0 1 2 | |  |
| **TOTAL SCORE** | /20 | |  |
| **If previously granted funding** were conditions/recommendations met? See attached letter outlining recommendations. | Y or N | | |
| *Additional Comments (please circle)* | | | |
| 1. The organizations program duplicates other Leduc services. | | Y or N | |
| 1. Organizations percentage of target area served in the City exceeds identified regional partners (page 5, GTO application). | | Y or N | |
| 1. Capital Expenditure (e.g. facility enhancement). | | Y or N | |
| *COMMENTS:* | | | |
| RECOMMENDATION: GRANT or DENY funding $\_\_\_\_\_\_\_\_\_\_for\_\_\_\_Year(s)  (please circle) | | | |